

FIRST SET OF INTERROGATORIES TO DEFENDANT, AMOR DE JESUS

1. Please identify each person answering or assisting in answering these interrogatories, and his/her relationship to Amor de Jesus:

Aminta Quinonez, manager of Amor de Jesus.

2. Please identify by name, address and telephone number, any person who has or may have knowledge of any relevant facts or discoverable matter relating to the subject of this lawsuit, including the claims and defenses asserted, and state the substance of the knowledge that you believe or have reason to believe each of these persons may have.

Myself.

3. List Plaintiff's dates of work, position/title(s), rates of pay, method of payment, tasks performed, and where they were performed for Amor de Jesus.

The tasks performed were to provide and make food, clean and pickup, and help the residents with hygiene needs. These tasks were performed for Amor de Jesus. The payments were given in cash or sent via Zelle to the granddaughter.

4. On a day-to-day basis, identify all persons with managerial and/or supervisory roles over Plaintiff, and provide the last known address for each person if not currently employed by (or working as an independent contractor for) Amor de Jesus.

Myself.

5. Describe all facts that support your defenses that Plaintiff's claims for unpaid / underpaid overtime wages are barred, overstated, and/or unrecoverable.

She did not work the hours she claimed she worked.

6. Describe all policies for creating and maintaining accurate time records of all hours worked by the Amor de Jesus's workers in general and by Plaintiff in particular. If you

did not create and maintain accurate time records of all hours worked by Amor de Jesus's personnel – including Plaintiff – for some or all of the time period at issue in this lawsuit, who did and how was pay determined for Plaintiff from February 1, 2020, to August 8, 2023?

None. It is a small company. Visually and clock.

7. Please set forth the nature of the relationship between Amor de Jesus and Sweet Living Facility, Inc., from February 1, 2020, to August 8, 2023, and state the name, address, email address, and cell phone number for all persons who worked for both facilities/Defendants during this timeframe.

No relationship. My mother owns Sweet Living and I manage Amor de Jesus.

Plaintiff worked for my mother's company and later worked for mine.

8. Identify the periods of time Plaintiff worked for Amor de Jesus, including her starting date, daily and/or weekly pay, hourly rate, hours worked, days worked, and pay for all work performed for Amor de Jesus from February 1, 2020, to August 8, 2023.

There was not a fixed schedule. The Plaintiff worked whenever I needed her. When I needed the Plaintiff to work, I would call her.

9. Please identify each type of document that you made, kept, or preserved relating to the employment, work, engagement, hiring, work terms, payments to, earnings by, deductions from, insurance, or benefits to/of/for Plaintiff from February 1, 2020, to August 8, 2023.

None.

10. Please identify all persons who had the authority, at any time from February 1, 2020, to August 8, 2023, to employ, hire, contract, or recruit workers for Amor de Jesus. In your

response, please specify the year or years that each person you identify had this authority and if not currently employed, his/her last known address, email address, and phone number.

Only myself.

11. Please list any lawsuits, prosecutions, or administrative agency proceedings in which you have been a party or in which your representatives/officers/directors have testified during the last five years involving unpaid/underpaid wages, providing the style, cause number and court or agency in which each action was pending, and briefly describing the nature and outcome of each proceeding.

None.

12. Please identify each person who you expect to provide expert testimony in any deposition in this case or at trial and state the subject matter on which each such person may give expert testimony.

Unknown at this time.

13. Please identify the factual basis for each of your Affirmative Defenses:

Mr. Machado is an officer of the corporation but has no control, oversight, or knowledge of the day-to-day operations. He is employed full-time elsewhere and had no knowledge of the day-to-day operations of the employees. The corporate has never made over \$500,000.00 in any year. This is an assisted living facility and does not engage in the care of the sick, aged, or mentally ill. Medical care is performed by independent doctors, therapists, and nurses related to and chosen by the residents. We provide living assistance. This is not a hospice or facility that provides medical services.

14. Please identify all administrative regulations, orders, ruling, and interpretations, administrative practices, and enforcement policies of United States agencies on which you relied to not pay overtime to Plaintiff, including the date you received, printed, and/or first consulted each.

None. I paid her more than the minimum wage and she never worked overtime.

15. Describe how Amor de Jesus tracked the hours actually worked by its employees/workers/aides, including all measures taken by it to have its employees record the time each started and ceased working each day from February 1, 2020, to August 8, 2023.

With the clock and visually.

16. For each person who worked for Amor de Jesus Home Health from February 1, 2020, to August 8, 2023, please state each such person's name, dates of work, position, (if not a current employee his/her last known address, email address, and phone number), daily work schedule(s), and whether Amor de Jesus paid/categorized each such person as an employee and/or independent contractor:

Ernestina Suarez.

17. Please identify all documents signed/completed by Plaintiff regarding the work she performed for Amor de Jesus from February 1, 2020, to August 8, 2023:

None.

18. Please identify by name, address, and phone number, all persons responsible for supervising Plaintiff in her work at Amor de Jesus:

Only myself.

19. Please identify by name and address all third-party payors, such as Medicaid, Medicare, and insurers, with whom Amor de Jesus contracted to provide services from February 1, 2020, to August 8, 2023:

Medicaid and out of pocket

20. Please state Amor de Jesus's gross annual revenues for each year from 2020 to the present, and for 2023, please also state its gross revenues for the first, second, and third fiscal quarters of 2020:

2020: \$115,010

2021: \$144,058

2022: not yet available

21. Please identify by name, company name, and address each accountant and/or tax preparer who provided services to Amor de Jesus from February 1, 2020, to the present:

Bovea Accounting

13944 SW 8TH Street, Miami, FL 33184

22. Please identify all attorneys consulted by you with regard to the payment of minimum wages and/or overtime prior to the filing of the Complaint in this action and provide the substance of all advice you were provided in response:

None.

23. Please identify all persons who had signatory for each bank account maintained by Amor de Jesus from February 1, 2020, through August 8, 2023:

Jose Machado and myself.

24. Please state who from Amor de Jesus would provide Plaintiff with her schedule and/or coordinate the days/hours she was to work and state how that information was

communicated (email, text message, WhatsApp message, verbally, in person, telephone call):

Myself.

AMOR DE JESUS CORP
BY: [Signature]
As its Authorized Agent

PRINT NAME: Aminta Quimonez

TITLE: Manager

STATE OF FLORIDA :

: SS.

COUNTY OF MIAMI-DADE:

Before me, the undersigned authority personally appeared Aminta Quimonez
who, after being duly sworn, states under oath that s/he is authorized to execute the foregoing
Answers to Interrogatories on behalf of AMOR DE JESUS CORP, and that they are true and
correct to the best of her/his knowledge and belief. SWORN TO AND SUBSCRIBED before
me this 8 day of February, 2024, and [] who is personally known by me or [] who
produced FL Driver's License as identification.

[Signature]
Signature Notary Public – State of Florida

Print Name: Ailin C. Perez

My Commission Expires: 3/25

